

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/13/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095019	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2007
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NAME OF PROVIDER OR SUPPLIER

GRANT PARK CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

5000 BURROUGHS AVE. NE
WASHINGTON, DC 20019

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
K 017 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that penetrations were observed in the smoke barrier walls above ceiling tiles and a portion of a wall was missing on the 1st floor near the laundry room. These observations were made on April 2, 2007 between 2:30 PM and 6:30 PM.</p> <p>The findings include:</p>	<p>K 017 NFPA 101 Life Safety Code Standard</p> <ol style="list-style-type: none"> 1. The BX cable in the hallway near the 1st floor bathroom was sealed. Penetrations around pipes and the cable near room 505 were sealed. The opening around the pipes over the laundry washing machine was repaired. Facility will get proposals to replace missing doorway leading to laundry and to replace wall behind laundry machine. 2. Facility maintenance staff has completed thorough review of all fire/smoke barriers to ensure compliance. 3. Maintenance director or designee will 4 complete random monthly audit of smoke/ fire barriers to ensure that no penetrations are unsealed. 4. Findings from monthly audit will be reported to facility Quality Improvement Committee monthly. 	<p>04/30/07</p> <p>04/30/07</p> <p>04/30/07</p> <p>05/02/07</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 017	Continued From page 1 Penetrations in the smoke barrier walls were observed in the following areas: 1. A 2 ½ " opening around the BX cable near the hallway bathroom on the 1st floor. 2. A 2 " penetration around pipes and cable near room 508. 3. A 6 " opening around the pipes over the washer in the laundry room. 4. A portion of the wall that separated the 1st floor from the laundry room was missing. The section of the wall was removed to allow instillation of a washing machine. The wall behind the newly installed washer was not replaced. Facility staff acknowledged the penetrations and the missing section of wall in the above cited areas.	K 017		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	K 018 NFPA 101 Life Safety Code Standard 1. The laundry room door was repaired. The facility will purchase replacement doors for the two doors leading into pot wash area and the dining room. 2. Maintenance staff checked all doors throughout facility to ensure that no other door was deficient. 3. Maintenance director or staff will complete weekly audits of all doors in facility to ensure continued compliance. 4. Findings from maintenance rounds will be reported to facility Administrator and Quality Improvement Committee monthly.	04/13/07 04/30/07 04/30/07 05/02/07

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NAME OF PROVIDER OR SUPPLIER GRANT PARK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019		
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K 018	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that doors failed to close, lock and/or latch when tested. These observations were made on April 2, 2007 between 2:30 pm and 6:30 PM. The findings include: 1. Laundry entrance doors failed to close and latch into the frame unassisted in one (1) of one (1) door observed. 2. The double door leading to the dining room and the door near the pot and pan wash area in the main kitchen were damaged and failed to close or lock and latch in two (2) of three (3) doors observed.	K 018			
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that a linen chute door failed to close. The findings include:	K 130	K130 NFPA 101 Miscellaneous Other LSC Deficiency not on 2786 1. The fusible link was replace on laundry chute door. 04/24/07 2. Facility replaced fusible link on laundry door to ensure compliance. 04/30/07 3. Maintenance staff will monitor fusible link on laundry chute door quarterly to ensure compliance. 04/30/07 4. Quarterly findings will be reported to facility Quality Improvement Committee quarterly. 05/02/07		

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K 130	Continued From page 3 A fusible link was not installed on the linen chute door preventing the door from closing. The linen chute was located on the soiled side of the main laundry in one (1) of one (1) linen chute observation. Facility staff acknowledged the lack of a fusible link and the inability of the linen chute door to close.	K 130		